

# Library of Virginia Foundation Mini-Grant Application

Date:

EIN#

**Please read the mini-grant application instructions before you begin to fill out this form.**

Name of Regional Library:

Mailing Address:

City, State, Zip Code:

Contact Person:

Telephone:

Title of contact person:

Email address:

Title of the program for which you are seeking funding:

Is this a new program? **Circle one** YES NO

Will the program be accessible to all members of the community, including people with disabilities? **Circle one** YES NO

**Structure of the proposed program**  
(Describe goals, objectives, activities of the program and how it will implemented.)

Number of sessions:		Frequency of sessions: <b>Check one</b>	All in one week
Length of each session:			Weekly
Number of participants:			Every other week
	<i>Primary audience</i>		Monthly
	<i>Care givers</i>		Other
	<i>Others:</i>	Specify —	

***See guidelines for what may not be funded.***

Materials	Unit cost	Total cost
		TOTAL

<b>Have you received a Library of Virginia Foundation Mini-Grant in the past? Circle one</b>	<b>YES    NO</b>
<b>If yes, in what years?</b>	

While other sources of funding may be used to support this project, I agree to list the Library of Virginia Foundation as the primary funding source on all promotional materials.

Please initial to indicate acceptance of this requirement \_\_\_\_\_.

If this proposal is accepted, I give permission for my final report to be shared with others. Your name and the name of the institution will be attached wherever your report is posted.

<b>Signature</b>	
<b>Name printed</b>	
<b>Title</b>	
<b>Date</b>	

**Mail the completed application to:**

Library of Virginia Foundation  
Public Library Mini-Grant  
800 East Broad Street  
Richmond, Virginia 23219